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SERIAL NUMBER 10/689,796	FILING OR 371(c) DATE 10/21/2003 RULE	CLASS 434	GROUP ART UNIT 3715	ATTORNEY DOCKET NO. 421/83
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APPLICANTS

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KYF Yes

** CONTINUING DATA *****
NONE KF

** FOREIGN APPLICATIONS *****
NONE KF

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 01/24/2004

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NC	SHEETS DRAWING 9	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Karen M. Holloman</i> <i>JCF</i> Examiner's Signature Initials				

ADDRESS

25297

TITLE

Apparatus and method for braille instruction

FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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